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Bib Data Sheet

CONFIRMATION NO. 4912

|   |   |  |   |                                   |                            |
|---|---|--|---|-----------------------------------|----------------------------|
| SERIAL NUMBER<br>09/901,508   | FILING DATE<br>07/09/2001<br>RULE   | CLASS<br>382                             | GROUP ART UNIT<br>2621  | ATTORNEY<br>DOCKET NO.<br>D/A1087 |                            |
| <b>APPLICANTS</b><br>Christopher R. Dance, Cambridge, UNITED KINGDOM;<br><br><b>** CONTINUING DATA *****</b><br><i>jc</i><br><i>none</i><br><br><b>** FOREIGN APPLICATIONS *****</b><br><i>jc</i><br><i>none</i>  |   |  |   |                                   |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/25/2001</b>  |   |  |   |                                   |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged<br><i>Jr. Chay</i><br>Examiner's Signature<br>Allowance<br>Initials |   | STATE OR<br>COUNTRY<br>UNITED<br>KINGDOM | SHEETS<br>DRAWING<br>12   | TOTAL<br>CLAIMS<br>30             | INDEPENDENT<br>CLAIMS<br>3 |
| <b>ADDRESS</b><br>Patent Documentation Center<br>Xerox Corporation<br>Xerox Square 20th Floor<br>100 Clinton Ave. S.<br>Rochester, NY 14644   |   |  |   |                                   |                            |
| <i>OLIFF &amp; BERRIDGE</i><br><i>P.O. Box 19928</i><br><i>Alexandria Va 22320</i>  |   |  |   |                                   |                            |
| <b>TITLE</b><br>Method and apparatus for resolving perspective distortion in a document image and for calculating line sums in images   |   |  |   |                                   |                            |
| FILING FEE<br>RECEIVED<br>1020  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |                            |